

**NORTHERN ESSEX COMMUNITY COLLEGE
FACILITIES MANAGEMENT & PUBLIC SAFETY
Key Control Form**

DIVISION: _____

I, _____, certify that I received _____(s) for:
(Employee Name and Employee ID) (# of keys)

Room # _____

Outside Door for Building _____

F O B _____

Master Inside Doors _____

Card Access _____

Grand Master _____

I acknowledge that it is my responsibility to control the keys in order to secure the property of Northern Essex Community College. Duplication of keys is a violation of College policy and all keys must be turned in to Human Resources upon retirement, resignation or termination of your employment.

If this key is lost and/or damaged, I agree to notify the Director of Facilities and Grounds immediately at X3922. Lost keys will be subject to a replacement charge of \$25.00.

Employee _____ Date _____

Supervisor _____ Date _____

Upon completion of this form, the key(s) will be delivered to the Division Chair/Supervisor for distribution to the appropriate recipient.

Date Keys Returned _____